

November 16, 2004

Office of Nutritional Products, Labeling and Dietary Supplement (HFS-800) Center for Food Safety and Applied Nutrition Food and Drug Administration 5100 Paint Branch Parkway College Park, MD 20740-3835

DEC - 2 - 4

Madam:

In order to comply with Part 101 Food Labeling, Subpart F Specific Requirements for Descriptive Claims that are Neither Nutrient Content nor Health Claims, I am submitting the following;

The name and address of the distributor of the dietary supplement that bears the statement is:

North American Pharmacal, Inc. 12 High Street Norwalk, CT 06851

The text of the statement that is being made is:

Polyvite®

Designed by Dr. Peter D'Adamo to provide appropriate levels of nutrients in an easy-toassimilate capsule form. This product provides the levels of nutrients required by individuals when under conditions of high biological demand such as occasional stress.

Directions: (4) four capsules once a day with a meal as a dietary supplement.

The name of the dietary supplement is: The Blood Type Diet®. Polyvite®

I certify that the information contained in this notice is complete and accurate and that North American Pharmacal, Inc. has substantiation that the statement is truthful and not misleading. If there is additional information required, please let me know as soon as possible.

Sincerely,

978 0162 LET 15053

Martha Mosko D'Adamo President